



**Department of Health**

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**Commission for Health Advocacy & Equity**  
**August 20, 2012**  
**1:00 – 2:00 pm**  
**RI State House- Room 313**

**Present: Rep. Donna Walsh; Rep. Anastasia Williams;** Chelsea Siefert; Michael Varadian, JD, MBA; Barbara Morin; Elizabeth Earls; Melissa Long, Esq.; Aleatha Dickerson, MS; Reginald Tucker-Seeley, ScD; Annmarie Sawyer; Tanya Dailey, MD; Elizabeth Earles; Deborah Perry, MA; Mary Falvey, RN; Marti Rosenberg; Jim Lucht; Jodi Bourque (for Kathryn Ryan, JD); Amanda Martin; Robert Naparstek, Julie Rawlings.

**HEALTH Staff:** Michael Fine, MD; Ana Novais, MA; Carrie Bridges-Feliz; MPH; Rilwan Feyisitan Jr.; Jenn DeBoer; Nancy Sutton, MS, RD

**I. Welcome – Michael Fine, MD, Director of Health**

- The Commission is comprised of the formers members of the Dept. of Health’s Minority Health Advisory Committee, and the ten ex-officio members of the Commission from other state agencies, and members of the public.
- The Dept. was thrilled to see this legislation passed (RIGL 23-64.1), and we are joined by the Governor in his enthusiastic support of the Commission’s work.
- Somebody once defined “Health” as the equal ability to function in the relationships appropriate to the cultural context and place of the life cycle, and the equal ability to participate in Democracy. This lively experiment depends on those equal abilities and everyone’s participation. We are happy to have you all here and begin the Commission’s work.

**Charge to the Commission -**

- The purpose of this Commission is to advise the Dept. of Health about racial, ethnic, cultural, or socio-economic health disparities; to advocate for the integration of the activities that will help achieve health equity; to help develop a health equity plan that addresses social determinants of health, not just in the Dept., but across state government; to align state-wide planning activities in developing health equity goals and plans, and to educate other state agencies and organizations on health disparities.
- We need this Commission because we continue to see substantial health disparities; because of the huge documentation of the treatment inequality that exists all through the medical system such as it is, and because we need a comprehensive and multi-level strategy to identify and eliminate disparities. The Dept. of Health will use your input to inform the program and policy development, to set milestones and measure progress,

to advise other agencies and efforts, such as the Health Planning Advisory Committee, the Sustainable Communities Consortium, and the Primary Care Advisory Committee to the Dept.

- As Commissioners we ask you to engage and participate, to help build connections between communities, agencies, and HEALTH, and to pose questions and raise ideas.

## II. Remarks from the Sponsors – Representative Donna Walsh

- Rep. Walsh acknowledged Rep. Williams, who is also present, and a co-sponsor of this legislation.
- The video “Unnatural Causes” is what prompted Rep. Walsh to get involved in this issue; the issue of communities coming together to solve their problems and deal with these disparities. The Dept. of Health has done a good job gathering information, putting it together, and getting it out there; but it is not getting out to our state departments. If we are ever to take a comprehensive approach to social and environmental disparities in health, it has to go beyond the Health Dept. It is vital that every agency of state government have representation, be part of this discussion, and be informed. A list has been sent out most all state departments and we expect to receive responses from all with the name of a representative from each Dept. who will be involved with this. It is a complicated issue, and must involve everyone.
- Rep. Walsh looks forward to working with the Commission; it is a commitment she has made, and she hopes everyone shares her enthusiasm for this project.

## III. Asthma Surveillance Project – Nancy Sutton, HEALTH and Jim Lucht, The Providence Plan

- Nancy is the Asthma Control Program Manager at the Dept. of Health. Included in the meeting materials are the slides that her and Jim Lucht from The Providence Plan are co-presenting (“Exploring Place, Poverty, and Asthma & the Impact on Children, School Attendance, and Learning”).
- Nancy provided a brief overview of the Asthma Control Program, the Asthma Surveillance System, and a snapshot of the asthma disparities in children began the presentation.
- The RI Insurance Claims Project was added as a data set to the Surveillance System in 2012, for the purpose of map clustering children with asthma, identifying high risk homes, neighborhoods, and communities, and documenting a geographic clustering of asthma cases, hospitalizations, and Emergency Room visits.
- With the help of The Providence Plan, the Asthma Control Program was able to document and map clustering of asthma diagnoses, and how it relates to academic performance, school absenteeism, age of housing, poverty, and public versus private insurance.
- Jim described the various geographic data that emerged from the project.
  - The percent of children ages 2-17 with asthma as a primary diagnosis.
  - The percent of children ages 2-17 with asthma as a primary diagnosis, with percent of children 0-17 living below poverty level.
  - The percent of children ages 5-17 with asthma as a primary diagnosis, which were chronically absent from school.
  - The percent of children ages 5-17 with asthma as a primary diagnosis, who were chronically absent from school, with percentage of housing built before 1950.

- A Healthy Housing Mapper that examines lead exposure and compliance with property data.
- An overview of the information available at the RI Data Hub was discussed; the example used for this presentation was Lead Poisoning and NECAP scores.
- Carrie commented that this presentation was an example of the type of multi-disciplinary, multi-sector approach, and the resources that are available, in addition to the breadth and scope of our thinking. It was a great example of the type of work that we can do in partnership with other agencies, and the type of impact that the Commission can have on various issues.

#### IV. Defining Equity - Marti Rosenberg, The Providence Plan

- In response to the need for a common vision for where the state is going related to equity, there will be a joint meeting in the future of the Health Planning Advisory Committee; the Sustainable Communities Consortium and the Commission (looking at October 17, 2012).
- Marti provided a handout that described various Health Advocacy and Equity Definitions. She asked the group to pair off, and review the various terms, including Health Equity; Health Inequities; Health Disparities; Lack of Political, Social, or Economic Power; and Determinants of Equity. Small discussions took place, each group sharing one thing that worked, one thing that didn't, and one thing to change.
- A full group discussion took place, responding to the questions:
  - What about the definitions did you like the most?
  - What about the definitions would you change?
  - What would you add?

#### V. Meeting Schedule

- Carrie asked the Commission to look at their calendars, specifically for the afternoon of 10/17/12, for a potential joint meeting of the Health Planning Advisory Committee, the Sustainable Communities Consortium, and the Commission. That will keep the Commission on track for developing a bi-monthly meeting schedule, based on the Director's calendar, and everyone else's schedule. There will be further communication around scheduling.

#### VI. Reading Materials and Homework – Carrie B. Feliz, HEALTH

- To help get everyone to get up to speed, since everyone is coming from different levels of experience and expertise, there are a few documents that should be read in preparation for the next meeting. The links to those documents will be emailed to the Commission at the conclusion of this meeting. Carrie also asked the Commission to think about the data and the impact we want to have, and the product expected of this group. As part of the legislation, the Commission is expected to submit a bi-annual report to the Governor and Legislature, and should identify at least three ways to measure health equity.

#### VII. Adjourn

- Dr. Fine added that the heart of public health is to look at the populations of places and understand how they are different, in terms of the health of individuals and the

population itself. To understand how the social organization of those places impacts those individuals and populations. This work allows us to get at those differences understand them and make sure we are measuring them correctly, and helps us think about how the social organization could be changed to equalize life chances. He strongly encouraged the Commission to draft a letter at the conclusion of each meeting, on what their thoughts are about what the Dept. and other parts of state government, the Governor, and Legislature, can do to eliminate health disparities. Subject by subject, topic by topic, that gives us the leverage we need to impact the social organization that itself influences the instances and prevalence of disease. Thank you for being here and participating, thank you for big scope of work we are asking you to take on, thanks you for thinking about it, doing it, and helping us act on it.